

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 3c

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

MEDICALLY NEEDY

Revised: July 1, 1991

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice and defined by State law. (Continued)

6.d. Other Practitioners' Services

(1) Hearing Aid Dealers

Refer to Attachment 3.1-B, Item 4.b.(8).

(2) Audiologists

Refer to Attachment 3.1-B, Item 4.b. (9).

(3) Optical Labs

Provides eyeglasses and eyeglass repair to eligible recipients.

(4) Nurse Anesthetists

Services limited to licensed nurse anesthetists.

STATE	ARKANSAS	A
DATE REC'D	JUL 01 1991	
DATE APP'VD	NOV 19 1991	
DATE EFF	JUL 01 1991	
HCEA 179	91-28	

*Supercede, 90-48*

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

6.d. Other Practitioners' Services (Continued)

(5) Psychologists

Refer to Attachment 3.1-A, Item 4.b. (13).

(6) Obstetric - Gynecologic Nurse Practitioner

Refer to Attachment 3.1-B, Item 24 for coverage limitations.

STATE	<i>Arkansas</i>	A
DATE REC'D	SEP 08 1992	
DATE APP'D	JUL 28 1993	
DATE EFF	SEP 01 1992	
HCFA #	92-32	

*Superseded - TN 91-89*

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SERVICES PROVIDED

Revised: August 1, 1994

MEDICALLY NEEDY

7.a. Home Health Services

7.b. Based on a physician's prescription as to medical necessity provided to eligible recipients at their place of residence not to include institutions required to provide these services. For services above 50 visits per recipient per State Fiscal Year, the provider must request an extension. Extensions of the benefit limit will be provided for all recipients, including EPSDT, if determined medically necessary.

7.c. Medical supplies, equipment, and appliances suitable for use in the home.

- (1) Home health supplies are limited to a maximum reimbursement of \$250.00 per month, per recipient. As medical supplies are also provided to recipients in the Prosthetics Program, the maximum reimbursement of \$250.00 per month may be provided through the Home Health Program, the Prosthetics Program or a combination of the two. However, a recipient may not receive more than \$250.00 per month in supplies whether received through either of the two programs or a combination of the two unless an extension has been granted. Extensions will be considered for recipients under age 21 in the Child Health Services (EPSDT) Program if documentation verifies medical necessity. The provider must request an extension of the established benefit limit.
- (2) Home health equipment is limited to specific items. Specific home health equipment is listed in Section III of the Prosthetics Provider Manual.

STATE <u>Arkansas</u>		A
DATE REC'D	<u>6-27-94</u>	
DATE APPV'D	<u>7-20-94</u>	
DATE EFF	<u>9-1-94</u>	
HCFA 179	<u>94-10</u>	

SUPERSEDES: TN • 94-04

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Revised: .. October 1, 1999

MEDICALLY NEEDY

7. Home Health Services (Continued)

- 7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after December 1, 1997, prior authorization is required for Medicaid recipients under age 21. Effective for dates of service on or after **October 1, 1999**, individual and group physical therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary for eligible Medicaid recipients under age 21.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>8-3-99</u>	
DATE APP'D	<u>9-27-99</u>	
DATE OF	<u>10-1-99</u>	
HCFA 179	<u>99-14</u>	

98-22

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Revised: February 1, 1999

MEDICALLY NEEDY

8. Private Duty Nursing Services

Services are covered only for ventilator-dependent recipients when determined medically necessary and prescribed by a physician. Services are provided in the recipient's home, a **Division of Developmental Disabilities (DDS) community provider facility or a public school.** (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per recipient. With substantiation, the maximum reimbursement may be extended.

Refer to Attachment 3.1-B, Item 4.b.(5) for information on coverage of private duty nursing services for high technology non-ventilator dependent recipients in the Child Health Services (EPSDT) Program.

STATE	<u>Arkansas</u>
DATE	<u>12-1-98</u>
DATE	<u>8-6-99</u>
DATE	<u>2-1-99</u>
HCFA 179	<u>98-25</u>

SUPERSEDES: TN - 92-28

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Revised:

October 1, 1999

MEDICALLY NEEDY

9. Clinic Services

(1) Developmental Day Treatment Clinic Services (DDTCS)

Limited to comprehensive day treatment centers offering the following scope of services:

- a. Diagnosis and evaluation
- b. Habilitative training
- c. Provision of noon meal

Core services are provided at three separate levels of care:

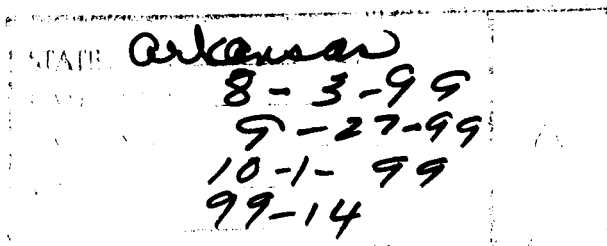
- a. Early Intervention - 1 encounter per day; ages birth to school age.
- b. Pre-School - 5 units per day, 1 hour each; ages birth to school age.
- c. Adult Development - 5 units per day, 1 hour each; ages 18 or above.

Optional Services available through DDTCS in conjunction with core services are as follows:

- a. Physical therapy
- b. Speech therapy
- c. Occupational therapy

Effective for dates of service on or after December 1, 1997, prior authorization will be required for physical, occupational and speech therapy services for Medicaid recipients under age 21.

Effective for dates of services on or after **October 1, 1999**, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.



SUPERSEDES: TN 98-22

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Revised: July 1, 1991

9. Clinic Services (Continued)

(2) Family Planning Clinic Services

Services limited to family planning, reproductive health services and supplies.

(3) Maternity Clinic Services

Limited to antepartum and postpartum services.

(4) Ambulatory Surgical Center Services

Ambulatory surgical center facility services are limited to those services furnished in connection with or directly related to a surgical procedure covered by the Medicaid agency.

(5) End-Stage Renal Disease (ESRD) Facility Services

Services include outpatient hemodialysis and peritoneal dialysis treatment in a Title XVIII certified ESRD facility. Recipients in the Child Health Services (EPSDT) Program are not benefit limited.

STATE	ARKANSAS	A
DATE REC'D	JUL 07 1991	
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Revised: December 1, 1991

10. **Dental Services**

Refer to Attachment 3.1-B, Item 4.b. (16).

STATE	<i>Arkansas</i>	A
DATE RECD	DEC 30 1991	
DATE APVD	DEC 14 1992	
DATE CMT	DEC 01 1991	
HCFA 177	9159	

*Supersedes TN 91-28*



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Revised: October 1, 1999

MEDICALLY NEEDY

11. Physical Therapy and Related Services

A. Occupational, Physical and Speech Therapy

1. Refer to Attachment 3.1-B, Item 4.b. (15) for therapy services for recipients under age 21.
2. For recipients over age 21, effective for dates of services on or after **October 1, 1999**, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes.

B. Speech Therapy

Augmentative Communication Device (ACD) Evaluation - Effective for dates of service on or after September 1, 1999, Augmentative Communication Device (ACD) evaluation is covered for eligible Medicaid recipients of all ages. One ACD evaluation may be performed every three years based on medical necessity. The benefit limit may be extended for individuals under age 21.

STATE <u>Arkansas</u>	A
DATE RECD <u>8-3-99</u>	
DATE APPOD <u>9-27-99</u>	
DATE EFF <u>10-1-99</u>	
HCFA 179 <u>99-14</u>	

99-10

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December 1, 1991

(RESERVED)

STATE	<i>Arkansas</i>	A
DATE REC'D	DEC 30 1991	
DATE APPROV'D	DEC 14 1992	
DATE EL.	DEC 01 1991	
HCFA 179	91-39	

*Supersedes - Nonc - New Page*